1		NDIDATE / OFFICEHOL INANCE REPORT	DER 6423	FORM JC/OH COVER SHEET PG 1					
TH	e JC/OH INSTRUCTION G	JIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00020526	2 PAGE # 1 of 43					
3	CANDIDATE / OFFICEHOLDER	мs / MRS /	MI	OFFICE USE ONLY					
	NAME	NICKNAME LAST Meurer	SUFFIX	Date Received					
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #, 4502 Spanish Oak Trail Austin, TX 78731	Date Hand-delivered or Date Postmarked						
	Change of Address			Receipt Amodini					
5	CAMPAIGN	MS / MRS / MR FIRST	Wit	-					
Ĭ	TREASURER NAME	Hon. W. Jeanne	Date Processed						
	**ANVIL	NICKNAME LAST Meurer	SUFFIX	Date Imaged					
6	CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS INO PO BOX PLEASE); APT / Si 4502 Spanish Oak Trail Austin, TX 78731	UITE +; CITY: STATE:	ZIP CODÉ					
7	CAMPAIGN TREASURER PHONE	AREA CODE PHONÉ NUMBER	EXTENS:ON						
8	REPORT TYPE	X January 15 30th day before ele	ection Runoff	15th day after campaign treasurer appointment (officeholder only)					
		July 15 Sth day before elec	ction Exceeded \$500 limit	Final report (Attach C/OH - FR)					
9	PERIOD COVERED	Massin Day Year THR 07/01/2006	Month Day 10UGH 12/31/20	Year					
40	FLECTION								
10	ELECTION	ELECTION DATE ELECTION T		General Special					
11	OFFICE	OFFICE HELD (If any) District Judge District 98	12 OFFICE SOUGHT (I knows	1)					
13	NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.							
	EXPENDITURE BY OTHER INDIVIDUALS	Name:							
		Address/PO Box; Apt. / Suite #, City. State,	Zip Code						
	additional pages								
		GO TO	PAGE 2						

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME Meur	er, W. Jeanne (Ho	n.)	15 ACCOUNT # (0 00020526	Ethics Commission Sers)
16 NOTICE FROM	have been made wit	otice of political expenditures by political committees to support the ci hout the candidate's or officeholder's knowledge or consent. Candida ey receive notice of such expenditures		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	-	
	GENERAL	COVMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COVMITTEE CAMPAIGN TREASURER ADDRESS		- ▶i
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED			0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$	10,682.31
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	44,064.58
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	0.00
18 AFFIDAVIT		-		<u>,</u>
		I swear, or affirm, under penalty is true and correct and includes me under Title 15, Election Coc	s all information require	
			euru	
	EBORAH L. RICHA Notary Public, State of Te STAMPS/SEAGIATION	INDS IN	Jandidate or Officenolo	der .
Sworn to and subscrib	ped before me, by t	he said W. Jeanne Meurer	, this the	12th day
of January .	20 <u>೮೭</u> , to ce	rtify which, witness my hand and seal of office.		
() 0.0.0	R:0.0.	Debook Richards	N. L	
Signature of officer admi	nistering oath	Print name of officer administering oath	Title of officer admin	istering oath

POLITI	POLITICAL EXPENDITURES							
The Instruction	ON GUIDE explains how to comp	alete this form.		1 PAGE# Schedule: 1/	8 Repor	t: 3/43		
2 FILER NAME	Meurer, W. Jeanne (Hon.)			3 ACCOUNT# 00020526	(Ethics C	commission filers)		
4 Date	5 Payee name Animal Trustees of Aust	tin		<u> </u>	7	7 Amount (\$)		
07/13/2006	5129 Cameron Austin, TX 78723							
8 Purpose of pay (See instruction Donation	yment ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehol		nefit Cano	lidate/Officeholder		
	o∕ travel outside Texas (complete	_ ► • e boxes 10-16)	Office sought:					
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)								
11 Departure city /	location	13 Destination city / I	location	· · ·	14 Arrival date			
15 Means of transp	portation		16 Purpose of travel			<u> </u>		
4 Date	5 Payee name Austin Young Lawyers A	Associattion	<u> </u>		7	Amount (\$)		
08/28/2006	6 Payee address: C 816 Congress Ave. Austin, TX 78701	City: State: Zip Code				\$37.50		
8 Purpose of pay (See instruction Bar & Grill	yment ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehol		I nefit Cano	idate/Officeholder **		
☐ Payment fo	er travel outside Texas (complete	e boxes 10-16)	Office sought:					
10 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	tional pages if neces	ssary)			
11 Departure city /	location	12 Departure date	13 Destination city / I	location	14 Arrival date			
15 Means of transp	portation	<u> </u>	16 Purpose of travel					

POLITI	ICAL EXPENDIT		S	CHEDULE F					
The Instruction	וסא Guide explains how to comp	plete this form.		1	PAGE # Schedule: 2	2/8 F	Repor	t: 4/43	
2 FILER NAME	Meurer, W. Jeanne (Hon.)			3	ACCOUNT # 00020526	# (E1		Commission filers)	
4 Date	5 Payee name Fonda San Miguel			L		7	7 Amount (\$)		
08/14/2006	· ·	City; State; Zip Code						\$300.00	
	I hyment ons regarding type of information of CPS caseworkers	required.)	9 ** Complete if direct Candidate / Officehol	t exp	penditure to b name:	enefit	Candi	idate/Officeholder	
			Office sought:						
☐ Payment fo	or travel outside Texas (complete	e boxes 10-16)	Office held:						
10 Name of persor	on(s) traveling on whose behalf th	ie expenditure for travel	was made (attach additi	iona	I pages if nec	essan	у)		
,.		T :: :	<u></u>					·	
11 Departure city /	/ location	12 Departure date	13 Destination city / le	locat	tion			14 Arrival date	
15 Means of trans	portation		16 Purpose of travel	<u> </u>					
4 Date	5 Payee name Kitchens, Deborah (Ms.)	<u> </u>			7		Amount (\$)	
08/25/2006	6 Payee address: C 158 FM 86 Red Rock, TX 78662	City: State; Zip Code				-		\$500.00	
1	syment ens regarding type of information prepare campaign reports	required.)	9 · · Complete if direct Candidate / Officehol			enefit	Candi	idate/Officeholder **	
			Office sought:						
Payment fo	or trave! outside Texas (complete	e boxes 10-16)	Office held:						
10 Name of persor	on(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	iona	pages if nec	essan	y)		
11 Departure city /	/ location	12 Departure date	13 Destination city / le	ocat	iion			14 Arrival date	
15 Means of transp	portation		16 Purpose of travel				1		
	The state of the s								

Texas Ethics Con	mmission P.O.Box 1207	0 Austin, Texas	78711-2070		(512)46	63-5800	1-800-325-850
POLITI	ICAL EXPENDIT	URES				S	CHEDULE F
The Instructi	юм Guide explains how to comp	plete this form.		ł.	PAGE # Schedule: 3/i	8 Repor	t: 5/43
2 FILER NAME	Meurer, W. Jeanne (Hon.)			1	ACCOUNT # 00020526	(Ethics C	Commission filers)
4 Date	5 Payee name Kitchens, Deborah (Ms.	.)		<u> </u>		7	Amount (S)
10/18/2006	6 Payee address: C 158 FM 86 Red Rock, TX 78662	City, State; Zip Code	••••••				\$600.00
	I	9 ** Complete if direct Candidate / Officehole Office sought:			lefit Cand	idate/Officeholder ••	
	for travel outside Texas (complete		Office held:	·ional			
10 Ivairie oi perso	on(s) traveling on whose behalf th	le expenditure for traver	Was made (allach auck	Onai	pages a neces	isary)	
11 Departure city	/ location	12 Departure date	13 Destination city / i	location	on		14 Arrival date
15 Means of trans	portation		16 Purpose of travel				
4 Date	5 Payee name Kocurek, Julie (Mrs.)					7	Amount (\$)
08/28/2006	6 Payee address: C P. O. Box 1748 Austin, TX 78701	City; State: Zip Code					\$65.00
•	I syment ons regarding type of information or's Retirement	required.)	9 · · Complete if direc Candidate / Officehol			_ nefit Cand	idate/Officeholder **
Payment fo	or trave: outside Texas (complete	boxes 10-16)	Office sought: Office held:				
10 Name of person	on(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	tional	pages if neces	:sary)	
11 Departure city i	/ location	12 Departure date	13 Destination city / I	location	on		14 Arrival date
15 Means of trans	portation		16 Purpose of travel				

POLITI	POLITICAL EXPENDITURES							
The Instructi	юм Guide explains how to comp	plete this form.		1 PAGE # Schedule: 4/8	Report	t: 6/43		
2 FILER NAME	Meurer, W. Jeanne (Hon.)			3 ACCOUNT # 00020526	(Ethics Co	ommission filers)		
4 Date	5 Payee name Ozarka				7 Amount (\$)			
08/01/2006	6 Payee address: C 2767 Imperial Highway Suite 100 Brea, CA 92821-6713	City; State: Zip Code				\$12.48		
8 Purpose of pa (See instruction Water for Of	ons regarding type of information	required.)	9 ** Complete if direct Candidate / Officehol		efit Candi	date/Officeholder **		
☐ Payment fi	or travel outside Texas (complete	n havae 11-161	Office sought: Office held:					
	10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city	/ location	12 Departure date	13 Destination city / l	ocation		14 Arrival date		
15 Means of trans	portation	,	16 Purpose of travel	-				
4 Date	5 Payee name Ozarka				7	Amount (\$)		
08/09/2006	6 Payee address: C 2767 Imperial Highway Suite 100 Brea, CA 92821-6713	Dity; State; Zip Code				\$18.48		
8 Purpose of pay (See instruction Water for Of	ons regarding type of information	required.)	9 ' Complete if direct Candidate / Officehol		I efit Candi	date/Officeholder **		
			Office sought:					
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office held:					
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel v	was made (attach additi	ional pages if necess	sary)			
11 Departure city	/ lecation	12 Departure date	13 Destination city / li	ocation		14 Arrival date		
15 Means of trans	portation		16 Purpose of travel					
		•	•					

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 5/8 Report: 7/43 (Ethics Commission filers) 3 ACCOUNT# 2 FILER NAME Meurer, W. Jeanne (Hon.) 00020526 Date Payee name Amount Ozarka (\$) 10/01/2006 \$12.96 6 Payee address; City; State; Zip Code 2767 Imperial Highway Suite 100 Brea, CA 92821-6713 9 * Complete if direct expenditure to benefit Candidate/Officeholder ** 8 Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Water for Office Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 12 Departure date 14 Arrival date 11 Departure city / location 13 Destination city / location 16 Purpose of travel 15 Means of transportation Date Payee name Amount Ozarka (\$) 10/02/2006 \$37.50 6 Payee address; City; State; Zip Code 2767 Imperial Highway Suite 100 Brea, CA 92821-6713 9 * Complete if direct expenditure to benefit Candidate/Officeholder * Candidate / Officeholder name: Purpose of payment (See instructions regarding type of information required.) Water for Office Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 12 Departure date 13 Destination city / location 14 Arrival date 11 Departure city / location 15 Means of transportation 16 Purpose of travel

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The Instruction	אס Guide explains how to comp	lete this form.		1 PAGE # Schedule: 6/8	Repor	t: 8/43		
2 FILER NAME	Meurer, W. Jeanne (Hon.)			3 ACCOUNT # 00020526	(Ethics Commission filers)			
4 Date	5 Payee name Ozarka				7 Amount (S)			
12/01/2006	6 Payee address: C 2767 Imperial Highway Suite 100 Brea, CA 92821-6713	ity; State: Zip Code				\$20.96		
	ns regarding type of information	required.)	9 · · Complete if direc Candidate / Officehol	t expenditure to bens der name:	efit Cand	idate/Officeholder		
Water for Of	fice _ ∌ ≀		_ > 1	·				
_		Office sought:						
	r travel outside Texas (complete		Office held:					
10 Name of persor	10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city / location 12 Departure date 13 Destinati				n city / location 14 Arrival date				
15 Means of trans	portation	16 Purpose of travel						
4 Date	5 Payee name Sprint			<u> </u>	7	Amount		
0710 / (0000						(\$)		
07/01/2006	6 Payee address; C P. O. Box 219554 Austin, TX 78767	ity: State; Zip Code				\$ 129.90		
8 Purpose of pay (See instruction Cell Phone B	es regarding type of information :	required.)	9 ** Complete if direc Candidate / Officehol		I efit Cand	idate/Officeholder **		
☐ Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:					
10 Name of perso.	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	icnal pages if necess	sary)			
11 Departure city /	Pocation	12 Departure date	13 Destination city / I	ocation		14 Arrival date		
15 Means of transportation			16 Purpose of travel					

Texas Ethics Con	nmission P.O.Box 1207	0 Austin, Texas	78711-2070	(512 <u>)46</u>	(512)463-5800		
POLITI	CAL EXPENDIT	TURES			S	CHEDULE F	
The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 7/8	Report	: 9/43	
2 FILER NAME	Meurer, W. Jeanne (Hon.)			3 ACCOUNT# 00020526		ommission filers)	
4 Date	5 Payee name Sprint		,	<u> </u>	7	Amount (\$)	
08/04/2006 6 Payee address; City; State; Zip Code P. O. Box 219554 Austin, TX 78767						\$133.04	
8 Purpose of pay (See instruction Cell Phone E	ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officeho		efit Candi	date/Officeholder ••	
	-•				-	•	
			Office sought:				
	or travel outside Texas (complete		Office held:			<u> </u>	
10 Name of perso	n(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addit	ional pages if necess	sary)		
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date	
15 Means of trans	portation	<u></u>	16 Purpose of travel			<u>,</u>	
4 Date	5 Payee name Sprint	=			7	Amount (S)	
09/05/2006	6 Payee address; 0	City: State; Zip Code				\$129.60	
	Austin, TX 78767						
8 Purpose of par (See instruction Cell Phone B	ns regarding type of information	required.)	9 * Complete if direct Candidate / Officeho		efit Candi	date/Officeholder	
			Office sought:				
Payment fo	or travel outside Texas (complete	e boxes 10-16)	Office held:				
10 Name of perso	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach addit	ional pages if necess	sary)	· · · · · · · · · · · · · · · · · · ·	
11 Departure city	/ location	12 Departure date	13 Destination city /	ecation		14 Arrival date	
15 Means of trans	portation	16 Purpose of travel					
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The INSTRUCTION GUIDE explains how to comp	elete this form.		1 PAGE # Schedule: 8/8	Report	: 10/43		
2 FILER NAME Meurer, W. Jeanne (Hon.)			3 ACCOUNT # (Ethics Commission filers) 00020526				
4 Date 5 Payee name Sprint	1681-0		· · · · · · · · · · · · · · · · · · ·	7	Amount (\$)		
10/01/2006 6 Payee address; C P. O. Box 219554 Austin, TX 78767	City; State; Zip Code				\$131,20		
Purpose of payment (See instructions regarding type of information	required.)	9 · · Complete if direct Candidate / Officehol		efit Candi	date/Officeholder **		
Cell Phone Bill				~ ♦ ſ			
		Office sought;					
Payment for travel outside Texas (complete	boxes 10-16)	Office held:					
10 Name of person(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	sary)	 -		
11 Departure city / location	12 Departure date	e 13 Destination city / location			14 Arrival date		
15 Means of transportation		16 Purpose of travel	, , , , , , , , , , , , , , , , , , ,		·····		
4 Date 5 Payee name Sprint				7	Amount (\$)		
12/01/2006 6 Payee address: C P. O. Box 219554 Austin, TX 78767	City; State: Zip Code				\$128.55		
8 Purpose of payment (See instructions regarding type of information Cell Phone Bill	required.)	9 · · Complete if direc Candidate / Officehol		efit Candi	date/Officeholder		
		Office sought:					
Payment for travel outside Texas (complete	boxes 10-16)	Office held:					
10 Name of person(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if neces	sary)			
11 Departure city / location	12 Departure date	13 Destination city / I	ocation	Ţ	14 Arrival date		
15 Means of transportation	16 Purpose of travel						
	· · · · · · · · · · · · · · · · · · ·						
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111/106	T NOW PERSON	IVE I OIIDO							
The Instruction	סא Guide explains how to comp	lete this form.		1 PAGE # Schedule: 1/3	3 Repo	rt: 11/43			
2 FILER NAME	Meurer, W. Jeanne (Hon.)			3 ACCOUNT # 00020526					
4 Date	5 Payee name Al Jabor				7 Amount (\$)				
12/08/2006	6 Payee address: C 8030 Mesa Drive	City; State: Zip Code			\$166.58				
	Austin, TX 78731				X poii	mbursement from tical contributions nded			
	penditure ns regarding type of information if Christmas Gifts	required.)				- -			
Payment fo	or travel outside Texas (complete	boxes 9-15)							
9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)									
10 Departure city	location	12 Destination city / location			13 Arrival date				
14 Means of trans	portation	<u>.</u>	15 Purpose of travel						
				· 					
4 Date	5 Payee name Al Jabor			~ -	7	Amount (\$)			
12/15/2006	6 Payee address; C 8030 Mesa Drive	ity; State; Zip Code				\$116.87			
	Austin, TX 78731				Reimbursement from political contributions intended				
	penditure ns regarding type of information i f Christmas Gifts	required.)							
Payment fo	or travel outside Texas (complete	boxes 9-15)							
9 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	ary)				
10 Departure city i	f location	11 Departure date	12 Destination city / le	ocation		13 Arrival date			
14 Means of trans	portation		15 Purpose of travel		J				

WADE FROM PERSONAL FUNDS								
The Instruction	אכ Guide explains how to comp	lete this form.		1 PAGE # Schedule: 2/3	3 Repo	ort: 12/43		
2 FILER NAME	Meurer, W. Jeanne (Hon.)			3 ACCOUNT# 00020526	(Ethics C	Commission filers)		
4 Date	5 Payee name Anderson Coffee Co				7	Amount (\$)		
07/01/2006		City; State; Zip Code			🔀 poli	\$23.17 mbursement from tical contributions nded		
8 Purpose of exp (See instruction Coffee for Of	ns regarding type of information	required.)	- • *					
Payment fo	or travel outside Texas (complete	boxes 9-15)		******				
9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)								
10 Departure city / location 11 Departure date 12 Destination city / location					13 Arrival date			
14 Means of trans	portation		15 Purpose of travel					
4 Date	5 Payee name Anderson Coffee Co				7	Amount (\$)		
07/25/2006	6 Payee address: C 1601 W. 38th Street Jefferson Square Austin, TX 78758	ity; State: Zip Code			X poli	\$19.41 mbursement from tical contributions nded		
8 Purpose of ext (See instruction Coffee for Of	ns regarding type of information	required.)						
Payment fo	or travel outside Texas (complete	boxes 9-15)						
9 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	ary)			
10 Departure city is	/ location	11 Departure date	12 Destination city / I	ocation		13 Arrival date		
14 Means of trans	portation		15 Purpose of travel		l			
					*=			

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The Instruction	ON GUIDE explains how to comp	lete this form.	-	1 PAGE # Schedule: 3/3	3 Repo	rt: 13/43		
2 FILER NAME	Meurer, W. Jeanne (Hon.)			3 ACCOUNT# 00020526	(Etnics C	ommission filers)		
4 Date	5 Payee name Anderson Coffee Co				7	Amount (S)		
08/11/2006	08/11/2006 6 Payee address: City; State; Zip Code 1601 W. 38th Street Jefferson Square Austin, TX 78758							
8 Purpose of expenditure (See instructions regarding type of information required.) Coffee for Office								
	or travel outside Texas (complete							
9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)								
10 Departure city / location 11 Departure date 12 Destination city / location					13 Arrival date			
14 Means of trans	portation		15 Purpose of travel					
4 Date	5 Payee name Anderson Coffee Co				7	Amount (\$)		
09/15/2006		ity; State; Zip Code			X polit	\$10.50 mbursement from lical contributions nded		
8 Purpose of exp (See instruction Coffee for Of	ns regarding type of information	required.)						
Payment fo	or travel outside Texas (complete	boxes 9-15)						
9 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	onal pages if necess	ary)	-		
10 Departure city /	/ location	11 Departure date	12 Destination city / I	ocation		13 Arrival date		
14 Means of trans	portation		15 Purpose of travel					
				. , , , , , , , , , , , , , , , , , , ,				

MADE F	ROW PERSON	IAL FUNDS						
The Instruction	Guide explains how to compl	lete this form.		1 PAGE # Schedule: 4/3	3 Repo	rt: 14/43		
2 FILER NAME	Meurer, W. Jeanne (Hon.)			3 ACCOUNT # 00020526	(Ethics C	Commission filers)		
4 Date 5	5 Payee name Austin Community Foun	dation			7	Amount (\$)		
09/21/2006	5 Payee address: C 3801 N. Capital of Texas Austin, TX 78746	lity: State; Zip Code s Hwy.			X poli	\$100.00 mbursement from tical contributions anded		
8 Purpose of exper (See instructions	nditure regarding type of information r	required.)			•			
Donation	· · · · · · · · · · · · · · · · · · ·							
Payment for travel outside Texas (complete boxes 9-15)								
9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)								
10 Departure city / io	Departure city / location 11 Departure date 12 Destination city / location					13 Arrival date		
14 Means of transpor	riation		15 Purpose of travel					
4 Date 5	Payee name Barton Creek Mall				7	Amount (\$)		
12/08/2006	6 Payee address; C 2901 Capitol of Texas H	ity; State; Zip Code			: :	\$206.00		
	Austin, TX 78746	,			X poli	mbursement from lical contributions nded		
8 Purpose of exper (See instructions Staff Christmas	regarding type of information r	equired.)						
Payment for the	ravel outside Texas (complete	boxes 9-15)						
9 Name of person(s	s) traveling on whose behalf the	e expenditure for travel	was made (attach additi	onal pages if necess	sary)			
10 Departure city / lo	cation	11 Departure date	12 Destination city / le	ocation		13 Arrival date		
14 Means of transpor	rtation		15 Purpose of travel					

POLITICAL	EXPENDITUR	ES
MADE FRO	M PERSONAL	FUNDS

	MADE FROM PERSONAL FUNDS								
	The Instruction	אס Guide explains how to comp	lete this form.		1 PAGE# Schedule: 5/3	3 Repo	rt: 15/43		
2	FILER NAME	Meurer, W. Jeanne (Hon.)			3 ACCOUNT # 00020526	(Ethics C	ommission filers)		
4	Date	5 Payee name Best Buy				7	Amount (\$)		
	07/28/2006	6 Payee address; C 9607 Research Bivd. Austin, TX 78759	ity; State; Zip Code			X po!it	\$103.89 mbursement from ical contributions nded		
8		penditure ns regarding type of information	required.)		•				
	Office supplie		,		*				
	Payment fo	or trave: outside Texas (complete	boxes 9-15)						
9									
10	Departure city i	/ location	11 Departure date	12 Destination city / le	ocation		13 Arrival date		
14 Means of transportation 15 Purpose of travel									
4	Date	5 Payee name Best Buv				7	Amount		
		250.02,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(\$)		
	10/28/2006	6 Payee address; C					\$269.23		
		9607 Research Blvd. Austin, TX 78759				X polit	nbursement from ical contributions nded		
8	Purpose of exp (See instruction Office equipm	ns regarding type of information i	required.)						
	Payment fo	or travel outside Texas (complete	boxes 9-15)						
9	Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	ary)			
10	Departure city /	location	11 Departure date	12 Destination city /	ocation		13 Arrival date		
14	Means of trans	ропаtion		15 Purpose of travel		<u></u>			

The Instruction	אס Guide explains how to comp	lete this form.		1	PAGE # Schedule: 6/3	3 Repo	ort: 16/43
2 FILER NAME	Meurer, W. Jeanne (Hon.)			3	ACCOUNT # 00020526	(Ethics (Commission filers)
4 Date	5 Payee name Best Buy					7	Amount (\$)
11/13/2006		City; State; Zip Code				iloc, 🔀	\$80.61 mbursement from tical contributions inded
8 Purpose of ext (See instruction Computer page	ns regarding type of information	required.)				ر ا ک	
	or travel outside Texas (complete		was made (attach addit	ional			
9 Name of perso	n(s) traveling on whose behalf th	e expenditure for travei	was made (attach addit	ionai	pages if necess	ary)	
10 Departure city	/ location	11 Departure date	12 Destination city / I	locat	ion		13 Arrival date
14 Means of trans	portation	Leve	15 Purpose of travel			<u> </u>	
4 Date	5 Payee name Best Buy		·			7	Amount (\$)
12/08/2006	6 Payee address: C 9607 Research Blvd. Austin, TX 78759	ity; State; Zip Code		• • •		X poli	\$25.96 mbursement from tical contributions nded
Office Suppli	ns regarding type of information						
9 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional	pages if necess	ary)	
10 Departure city	l location	11 Departure date	12 Destination city / I	ocat	ion		13 Arrival date
14 Means of trans	portation		15 Purpose of travel				

MINDE									
The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 7/3	3 Repo	rt: 17/43			
2 FILER NAME	Meurer, W. Jeanne (Hon.)			3 ACCOUNT# 00020526	(Ethics C	Commission filers)			
4 Date	5 Payee name Caviness, Bobbi (Ms.)				7	Amount (\$)			
10/15/2006	6 Payee address: C Raleigh Strreet Austin, TX 78703	City; State; Zip Code			Doli 🛛	\$150,00 mbursement from tical contributions nded			
(See instructio Business Ph	(See instructions regarding type of information required.) Business Phone _●i _●i								
Payment for travel outside Texas (complete boxes 9-15) 9 Name of person(s) traveling on wnose behalf the expenditure for travel was made (attach additional pages if necessary)									
10 Departure city / location 11 Departure date 12 Destination city / location				ocation		13 Arrival date			
14 Means of transportation 15 Purpose of travel									
4 Date	5 Payee name Central Market		<u> </u>		7	Amount (\$)			
11/02/2006	6 Payee address: C 4001 N. Lamar Austin, TX 78701	City: State; Zip Code	,		X poli	\$265.32 Inbursement from tical contributions and the contributions and the contributions are contributions are contributions are contributions.			
	benditure ons regarding type of information is Thanksgiving	required.}							
	or travel outside Texas (complete	· · · · · · · · · · · · · · · · · · ·							
9 Name of perso	r(s) traveling on whose behaif th	e expenditure for travel	was made (attach additi	onal pages if necess	sary)				
10 Departure city	location	11 Departure date	12 Destination city / I	ocation		13 Arrival date			
14 Means of trans	portation		15 Purpose of travel	· · · · · · · · · · · · · · · · · · ·					

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WADE PROWIPE	TOUAL FUNDS	1	
The Instruction Guide explains ho	w to complete this form.	1 PAGE# Schedule: 8	/33 Report: 18/43
2 FILER NAME Meurer, W. Jean	ne (Hon.)	3 ACCOUNT# 00020526	(Ethics Commission filers)
4 Date 5 Payee name Central Market	t		7 Amount (\$)
12/01/2006 6 Payee address; 4001 N. Lama Austin, TX 78	г		\$113.76 Reimpursement from political contributions intended
8 Purpose of expenditure (See instructions regarding type of it Collegue gifts Christmas	nformation required.)		_•
Payment for travel outside Texa: 9 Name of person(s) traveling on who:		was made (attach additional pages if nece	ssary)
		, , , , , , , , , , , , , , , , , , ,	
10 Departure city / location	11 Departure date	12 Destination city / location	13 Arrival date
14 Means of transportation	<u> </u>	15 Purpose of travel	
4 Date 5 Payee name Comp, USA			7 Amount (\$)
11/06/2006 6 Payee address: 5601 Brodie L Austin, TX 78	City; State; Zip Code ane, Suite 800 745		\$16.23 Reimbursement from political contributions intended
8 Purpose of expenditure (See instructions regarding type of it Cable	nformation required.)		
Payment for travel outside Texas	(complete boxes 9-15)		
9 Name of person(s) traveling on whos	e behalf the expenditure for travel	was made (attach additional pages if nece	ssary)
10 Departure city / location	11 Departure date	12 Destination city / location	13 Arrival date
14 Means of transportation		15 Purpose of travel	

The Instruc	TION GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 9/3	33 Report: 19/43
FILER NAM	E Meurer, W. Jeanne (Hon.)		3 ACCOUNT # 00020526	(Ethics Commission filers)
Date	5 Payee name Container Store				7 Amount (\$)
09/19/2006	· 1	City: State; Zip Code			Reimbursement from Dilitical contributions intended
Purpose of e	expenditure tions regarding type of information	required \	•		Interoeu
Office sup		r:equirea.;	ا 📤 س		
Paymen	t for travel outside Texas (complete	te boxes 9-15)		<u>.</u>	
Name of per	son(s) traveling on whose behalf t	he expenditure for travel	was made (attach additi	onal pages if neces	sary)
Departure cir	ty / location	11 Departure date	12 Destination city / kg	ocation	13 Arrival date
4 Means of tra	nsportation		15 Purpose of travel		
Date	5 Payee name Costco		<u> </u>		7 Amount
					(\$)
08/11/2006	• Payee address:	City: State; Zip Code			\$48
	10401 Research Blvd. Austin, TX 78759				Reimbursement from political contributions intended
	expenditure	required)			
Purpose of e (See instruct Office Supp	tions regarding type of information	rrequired.y			
(See instruction Office Supp	tions regarding type of information				
(See instruction Office Supp	tions regarding type of information plies	e boxes 9-15)	was made (attach additi	onal pages if neces	sary)
(See instruction Office Supp	tions regarding type of information plies tifor travel outside Texas (completeson(s) traveling on whose behalf t	e boxes 9-15)	was made (attach additi		sary) 13 Arrival date
(See instruction office Supplement of Payment Name of per	tions regarding type of information plies If for travel outside Texas (complet son(s) traveling on whose behalf to the contraction.	e boxes 9-15) he expenditure for travel			
(See instruction office Supplemental Payment Name of per Departure oil	tions regarding type of information plies If for travel outside Texas (complet son(s) traveling on whose behalf to the contraction.	e boxes 9-15) he expenditure for travel	12 Destination city / lo		

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The INSTRUCTION	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 10/	33 Rep	ort: 20/43
2 FILER NAME	Meurer, W. Jeanne (Hcn.)			3 ACCOUNT # 00020526	(Ethics C	commission filers)
4 Date	5 Payee name Costco				7	Amount (\$)
12/05/2006	6 Payee address: C 10401 Research Blvd. Austin, TX 78759	City; State; Z _I p Code			D pos	\$144.91 mbursement from lical contributions nded
Collegues Gi	ns regarding type of information					
9 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	sary)	
10 Departure city / location 11 Departure date			12 Destination city /	ocation		13 Arrival date
14 Means of trans	portation		15 Purpose of travel			
4 Date	5 Payee name Dog Bar & Restaurant			——————————————————————————————————————	7	Amount (\$)
07/01/2006	•	City; State; Zip Code]	\$111.61
	34 Cuchara Rd Cuchara, CO 81055				Reimbursement from political contributions intended	
(See travel in	ns regarding type of information					
	n(s) traveling on whose behalf th		was made (attach addit	ional pages if necess	sary)	
10 Departure city : Austin	lecation	11 Departure date 06/26/2006	12 Destination city / Cuchara	ocation		13 Arrival date 06/26/2006
14 Means of trans Vehicle	portation		15 Purpose of travel Retreat Staff M			
			•			

MADE	FROM PERSON	IAL FUNDS			<u>.</u>	
The Instruction	ON GUIDE explains how to comp	elete this form.		1 PAGE # Schedule: 11	/33 Rep	ort: 21/43
2 FILER NAME	Meurer, W. Jeanne (Hon.)			3 ACCOUNT # 00020526	(Ethics C	Commission filers)
4 Date	5 Payee name East Side Cafe		L		7	Amount (\$)
12/05/2006	6 Payee address: C 2113 Manor Rd Austin, TX 78722	Dity: State; Zip Code			X poli	\$12.94 mbursement from tical contributions nded
Dinner Legis	ns regarding type of information lator		-	▶i		
	or travel outside Texas (complete on(s) traveling on whose behalf th		was made (attach addition	nal pages if necess	sarv)	
<u> </u>			May made (white:	ai pageo iieee		
10 Departure city i	/ location	11 Departure date	12 Destination city / loc	cation	•	13 Arrival date
14 Means of trans	portation		15 Purpose of travel			
4 Date	5 Payee name Expressions in 'Video				7	Amount (\$)
08/11/2006	6 Payee address; C 512 Riverside Dr. Suite 107 Austin, TX 78704	City; State; Zip Code	Reim			\$106.03 Thousement from tical contributions anded
8 Purpose of exp (See instruction Videos	t penditure ins regarding type of information (required.}			<u> </u>	
•	or travel outside Texas (complete	<u>.</u>				
9 Name of persor	n(s) traveling on whose behalf the	e expenditure for travel v	was made (attach additior	nal pages if necess	sary)	
10 Departure city i	location	11 Departure date	12 Destination city / loc	ation		13 Arrival date
14 Means of trans			15 Purpose of travel		ļ	

MADE	FROW PERSON	IAL FUNDS				
The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 12/	33 Report: 22/43	
2 FILER NAME	Meurer, W. Jeanne (Hon.)			3 ACCOUNT # 00020526	(Ethics Commission filers)	
4 Date	5 Payee name Expressions in 'Video	•		.	7 Amoun! (\$)	
12/08/2006	6 Payee address; C 512 Riverside Dr. Suite 107 Austin, TX 78704	City; State; Zip Code			\$75.61 Reimbursement from Dolitical contributions	
8 Purpose of exp					intended	
(See instructio Juvenile Vide	ns regarding type of information	required.)				
	_ > i			_ > i		
☐ Payment fo	or travel outside Texas (complete	boxes 9-15)				
9 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	ional pages if necess	sary)	
10 Departure city	10 Departure city / location 11 Departure date 12 Destination city / location				13 Arrival date	
14 Means of trans	portation		15 Purpose of travel			
4 Date	5 Payee name Fonda San Miguel				7 Amount (\$)	
07/19/2006		lity; State; Zip Code			\$125.55	
	2330 W. North Blvd. Austin, TX 78756				Reimbursement from political contributions intended	
	enditure ns regarding type of information CPS caseworkers	required.)				
	or travel outside Texas (complete					
9 Name of person	n(s) traveling on whose behaif th	e expenditure for travel	was made (attach additi	ional pages if necess	sary)	
10 Departure city /	location	11 Departure date	12 Destination city / l	ocation	13 Arrival date	
14 Means of trans	portation		15 Purpose of travel			

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WIADE PROW PERSON	ANT LONDS				
The Instruction Guide explains how to comp	olete this form.		1 PAGE# Schedule: 13/	33 Report: 23/43	
2 FILER NAME Meurer, W. Jeanne (Hon.)			3 ACCOUNT# 00020526	(Ethics Commission filers)	
4 Date 5 Payee name HCL Electronics				7 Amount (\$)	
3 7 / 7 4 / / t H lbs - 1	City: State; Zip Code C135			\$60.90 Reimbursement from [X] political contributions intended	
Purpose of expenditure (See instructions regarding type of information	required.)			•	
Memory				_#1	
Payment for travel outside Texas (complet	e boxes 9-15}				
9 Name of person(s) traveling on whose behalf the	ne expenditure for travet	was made (attach additi	onal pages if necess	ary)	
10 Departure city / location	10 Departure city / location 11 Departure date 12 Destination city / location				
14 Means of transportation		15 Purpose of travel			
4 Date 5 Payee name Hypersonic, P.C.				7 Amount (S)	
11/13/2006 6 Payee address: 6 349 Great Neck Road	City; State; Zip Code			\$3,901.00	
Great Neck, NY 11021				Reimbursement from political contributions intended	
Purpose of expenditure (See instructions regarding type of information Replacement Desktop Computer	required.)				
Payment for travel outside Texas (complete	e boxes 9-15)				
9 Name of person(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addit	ional pages if necess	sary)	
10 Departure city / location	11 Departure date	12 Destination city / l	ocation	13 Arrival date	
14 Means of transportation	l	15 Purpose of travel			
					

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	The INSTRUCTION	אכ Guide explains how to comp	lete this form.		1 PAGE# Schedule: 14/	33 Rep	ort: 24/43	
2	FILER NAME	Meurer, W. Jeanne (Hon.)			3 ACCOUNT # 00020526	(Ethics C	Commission filers)	
4	Date	5 Payee name Meurer, W. Jeanne		-	,	7	Amount (\$)	
	07/28/2006		City; State; Zip Code			\$5.93 Reimbursement from political contributions intended		
8	(See travel in	ns regarding type of information (fo)	ĕ i					
9	Name of perso	or travel outside Texas (complete n(s) traveling on whose behalf th		was made (attach additi	onal pages if necess	ary)	,	
	Meurer, W. Je	eanne						
10	Departure city in Austin	ure city / location 11 Departure date 07/28/2006 12 Destination city / location Fayetteville, N.C.				13 Arrival date 07/31/2006		
14	Means of trans Air	portation	15 Purpose of travel Sight visit to Juv	venile Facility				
4	Date	5 Payee name Meurer, W. Jeanne				7 Amount		
í	07/28/2006					X poli	(\$) \$32.06 mbursement from tical contributions nded	
8	(See travel in	ns regarding type of information					:	
9		n(s) traveling on whose behalf th		was made (attach addit	ional pages if necess	ary)		
10	Departure city a	location	11 Departure date 07/28/2006	12 Destination city / I Fayetteville, N.O			13 Arrival date 07/31/2006	
14	Means of trans Air	portation		15 Purpose of travel Sight visit to Juvenile Facility				

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MADE	FROM PERSON	IAL FUNDS	, i				
The Instruction	ON GUIDE explains how to comp	plete this form.		1	PAGE # Schedule: 15	/33 Rep	ort: 25/43
2 FILER NAME	Meurer, W. Jeanne (Hon.)				ACCOUNT # 00020526	(Ethics C	Commission filers)
4 Date	5 Payee name Milk & Honey Salon					7	Amount (\$)
08/10/2006	204 Colorado Austin, TX 78701	City: State; Zip Code				 	\$125.00 mbursement from tical contributions inded
Benus for Ad	ns regarding type of information dministrative Staff	∌ 1					 •i
	or travel outside Texas (complete		was made (attach additi	ional	pages if neces	sary)	
10 Departure city	10 Departure city / location 11 Departure date 12 Destination city / location					13 Arrival date	
14 Means of trans	portation	1	15 Purpose of travel				<u> </u>
4 Date	5 Payee name Miller Blueprint					7	Amount (\$)
09/12/2006	6 Payee address; C 501 W. 6th Street Austin, TX 78701	City; State; Zip Code		, 		⊠ poli	\$113.28 mbursement from tical contributions inded
Plan copies	penditure ons regarding type of information or travel outside Texas (complete					<u>, </u>	
	on(s) traveling on whose behalf th		was made (attach additi	ional	pages if neces	sary)	
10 Departure city (/ location	11 Departure date	12 Destination city / I	iocati	ion	, , ,	13 Arrival date
14 Means of trans	portation		15 Purpose of travel				

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WADE	FROW PERSON	AL FUNDS				
The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 16/	33 Rep	ort: 26/43
2 FILER NAME	Meurer, W. Jeanne (Hon.)			3 ACCOUNT# 00020526	(Ethics C	ommission filers)
4 Date	5 Payee name Miller Blueprint	141,			7	Amount (\$)
09/20/2006	ř .	Sity; State; Zip Code				\$52.28 abursement from total contributions addd
Plan copies	penditure ons regarding type of information or travel outside Texas (complete	-				
	in(s) traveling on whose behalf th		was made (attach additi	onal pages if necess	ary)	
10 Departure city	O Departure city / location 11 Departure date 12 Destination city / location					13 Arrival date
14 Means of transportation 15 Purpose of travel						
4 Date	5 Payee name Newegg		<u> </u>		7	Amount (\$)
09/12/2006	6 Payee address; C 9997 E. Rose Hills Road Whittier, CA 90601	ity; State: Zip Code				\$41.98 abursement from cal contributions ided
Computer pa	ns regarding type of information art				1	
	or travel outside Texas (complete in(s) traveling on whose behalf th		was made (attach additi	onal pages if necess	ary)	
10 Departure city	Flocation	11 Departure date	12 Destination city / I	ocation		13 Arrival date
14 Means of trans	portation		15 Purpose of travel			,

(512)463	3-5800	1-800-325-85
	SCI	HEDULE G
AGE # chedule: 17/3	33 Report	t: 27/43
CCOUNT # 0020526	(Ethics Commission filers)	
	7	Amount (\$)
		\$32.46 oursement from al contributions ed
ages if necess	eary)	
·	1:	3 Arrival date
		-,,,-,-
	7	Amount (\$)
		\$20.07 sursement from al contributions ed
-		X politica

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MADE	FROM PERSON	IAL FUNDS	i		
The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 18/	33 Report: 28/43
2 FILER NAME	Meurer, W. Jeanne (Hon.)			3 ACCOUNT # 00020526	(Ethics Commission filers)
4 Date	5 Payee name Randall's	-			7 Amount (\$)
12/13/2006	6 Payee address: C 8040 Mesa Austin, TX 78731	City; State; Zip Code			\$28.44 Reimbursement from political contributions intended
Christmas Pa	ns regarding type of information (e boxes 9-15)	_ 4 was made (attach additi		sary)
10 Departure city i	/ location	11 Departure date	12 Destination city / I	ocation	13 Arrival date
14 Means of trans	portation		15 Purpose of travel		
4 Date	5 Payee name Randali's				7 Amount (\$)
12/15/2006	6 Payee address: C 8040 Mesa Austin, TX 78731	City; State; Zip Code			\$40.99 Reimbursement from political contributions intended
Christmas Pa	ons regarding type of information i				
9 Name of persor	n(s) traveling on whose behalf the	e expenditure for travel	was made (attach addit	ional pages if necess	ary)
10 Departure city /	/ iocation	11 Departure date	12 Destination city / I	ocation	13 Arrival date
14 Means of trans	portation		15 Purpose of travel	· · · · · · · · · · · · · · · · · · ·	

Te	exas Ethics Con	mmission P.O.Box 12070	O Austin, Texas 7	78711-2070	(512)46	3-5800	1-800-325-8506
	POLITI MADE	ICAL EXPENDIT FROM PERSON	URES IAL FUNDS	í		s	CHEDULE G
	The Instruction	ION GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 19/	33 Rer	oort: 29/43
2	FILER NAME	Meurer, W. Jeanne (Hon.)			3 ACCOUNT # 00020526	···	Commission filers)
4	Date	5 Payee name Randall's			<u> </u>	7	Amount (S)
	12/15/2006	6 Payee address; C 8040 Mesa Austin, TX 78731	Sity; State; Zip Code			X poli	\$19.89 imbursement from itical contributions anded
8		ons regarding type of information i	required.)		_≱ !		
ļ -	Payment fo	for travel outside Texas (complete	, boxes 9-15)				
9	Name of person	on(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	ary)	
10	O Departure city i	/ location	11 Departure date	12 Destination city / le	ocation		13 Arrival date
14	4 Means of trans	portation		15 Purpose of travel			L
4	Date	5 Payee name Ruben's				7	Amount (\$)
	12/05/2006	6 Payee address; C 8311 Research Blvd. Austin, TX 78758	Dity: State; Zip Code			X poli	\$94.57 mbursement from itical contributions ended
8		ons regarding type of information r	required.)				
	Payment fo	or travel outside Texas (complete	boxes 9-15)				
9	Name of persor	on(s) traveling on whose behalf the	e expenditure for travel	was made (attach additi	onal pages if necess	ary)	
10	Departure city /	/ location	11 Departure date	12 Destination city / le	ocation		13 Arrival date
14	4 Means of trans	sportation		15 Purpose of travel	<u>. </u>		
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The Instruction	ON GUIDE explains how to comp	plete this form.	· · · · · · · · · · · · · · · · · · ·		PAGE #		
		<u> </u>		ــــ	Schedule: 20/		
2 FILER NAME	Meurer, W. Jeanne (Hon.)		!	1	ACCOUNT # 00020526	(Ethics	Commission fliers)
4 Date	5 Payee name Shoal Creek					7	Amount (\$)
07/12/2006	6 Payee address; C 909 N. Lamar Blvd. Austin, TX 78701	City: State; Zip Code	•			X pol	\$39.39 himbursement from litical contributions ended
Meeting with	penditure ons regarding type of information of the CPS Judges or travel outside Texas (complete					_ _ i	
	on(s) traveling on whose behalf th	<u> </u>	was made (attach additi	ional	pages if necess	sary)	
10 Departure city i	location	11 Departure date	12 Destination city / I	locati		13 Arrival date	
14 Means of trans	portation		15 Purpose of travel				,,
4 Date	5 Payee name Shoal Creek					7	Amount (\$)
07/19/2006	6 Payee address; C 909 N. Lamar Blvd. Austin, TX 78701	City; State; Zip Code				X poi	\$18.00 nimbursement from litical contributions ended
Meeting with	penditure ons regarding type of information of Associate Judges or travel outside Texas (complete					1	
9 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	ional	pages if necess	sary)	
10 Departure city /	'ocation	11 Departure date	12 Destination city / I	locati	ion		13 Arrival date
14 Means of trans	portation		15 Purpose of travel			,	<u> </u>
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The instruction	อง Guide explains how to comp	lete this form.		1	PAGE # Schedule: 21	/33 Rep	oort: 31/43	
2 FILER NAME	Meurer, W. Jeanne (Hon.)			3	ACCOUNT # 00020526	(Ethics (Commission filers)	
4 Date	5 Payee name Shoal Creek					7	Amount (\$)	
08/04/2006	909 N. Lamar Blvd. Austin, TX 78701	City; State; Zip Code				Reimbursement from political contributions intended		
Meeting with	ns regarding type of information. Associate Judges	∍ i					u di	
·	n(s) traveling on whose behalf th		was made (attach additi	ona	pages if neces	sary)		
10 Departure city	/ location	11 Departure date	12 Destination city / k	ocat	ion		13 Arrival date	
14 Means of trans	portation	L.,	15 Purpose of travel					
4 Date	5 Payee name Shoal Creek		· · · · · · · · · · · · · · · · · · ·			7	Amount (\$)	
08/28/2006	6 Payee address; C 909 N. Lamar Blvd. Austin, TX 78701	ity; State; Zip Code				X poli	\$30.23 mbursement from tical contributions nded	
	penditure ns regarding type of information arding CPS Drug Court	required.)						
Payment fo	or travel outside Texas (complete	boxes 9-15)						
9 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	ona	pages if neces	sary)		
10 Departure city /	location	11 Departure date	12 Destination city / id	ocat	ion		13 Arrival date	
14 Means of trans	portation		15 Purpose of travel		<u>-</u>			

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	WADE	FRUIVI PERSUI	HAL FUNDS		_			
	The Instruction	ON GUIDE explains how to comp	lete this form.		1	PAGE # Schedule: 22/	33 Rep	oort: 32/43
2	FILER NAME	Meurer, W. Jeanne (Hon.)			3	ACCOUNT # 00020526	(Ethics (Commission filers)
4	Date	5 Payee name Shoa! Creek			1		7	Amount (\$)
	98/30/2006		City: State; Zip Code		••		X poli	\$6.50 mbursement from tical contributions anded
8	(See instruction Meeting rega	penditure as regarding type of information arding CPS Drug Court or travel outside Texas (complete	_∳ i					_ ≟ i
9	Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	ona	l pages if necess	sary)	
10 Departure city / location 11 Departure date 12 Destination city / location							13 Arrival date	
14	Means of trans	portation		15 Purpose of travel		-	····	
4	Date	5 Payee name Shoal Creek					7	Amount (\$)
	09/05/2006	6 Payee address; C 909 N. Lamar Blvd. Austin, TX 78701	Dity; State; Zip Code				X poli	\$28.23 mbursement from tical contributions inded
8		penditure his regarding type of information rding CPS Drug Court	required.)		•		<u> </u>	
		or travel outside Texas (complete						. n
9	Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	ona	l pages if necess	ary)	
10	Departure city i	location	11 Departure date	12 Destination city / I	ocal	tion		13 Arrival date
14	Means of trans	portation		15 Purpose of travel				:
							1112	

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WADE	FROW FERSON	IAL FUNDS				
The Instruction	ON GUIDE explains how to comp	lete this form.	:	1 PAGE # Schedule: 23/	33 Rep	ort: 33/43
2 FILER NAME	Meurer, W. Jeanne (Hon.)			3 ACCOUNT # 00020526	(Ethics C	Commission filers)
4 Date	5 Payee name Shoal Creek				7	Amount (\$)
09/07/2006	1	City: State; Zip Code			X poli	\$20.00 mbursement from tical contributions nded
Meeting rega	ns regarding type of information arding CPS Drug Court					
	or travel outside Texas (complete		was made (attach additi	onal nance if nances	-204)	<u></u>
3 Haine of perso	aga) traveling on whose behalf th	e expenditure for traver	was made (allach addili	onal pages il necess	ышуу	
10 Departure city / location 11 Departure date 12 Destination city / location					13 Arrival date	
14 Means of trans	portation		15 Purpose of travel			···
4 Date	5 Payee name Shoal Creek			<u> Lauten</u>	7	Amount (\$)
09/21/2006	6 Payee address; C 909 N. Lamar Blvd. Austin, TX 78701	ity; State; Zip Code			X polit	\$15.62 mbursement from ical contributions inded
Meeting rega	penditure ns regarding type of information ording CPS Drug Court or travel outside Texas (complete					
9 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	ary)	
10 Departure city a	/ location	11 Departure date	12 Destination city / lo	ocation		13 Arrival date
14 Means of trans	portation		15 Purpose of travel		i	

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WADE	FRUM PERSUN	IAL FUNDS			
The INSTRUCTE	ON GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 24/	/33 Report; 34/43
2 FILER NAME	Meurer, W. Jeanne (Hon.)			3 ACCOUNT # 00020526	(Ethics Commission filers)
4 Date	5 Payee name Shoal Creek				7 Amount (\$)
10/12/2006	6 Payee address: C 909 N. Lamar Blvd. Austin, TX 78701	City; State; Zip Code			\$38.90 Reimbursement from political contributions intended
Meeting rega	ns regarding type of information arding CPS judges or travel outside Texas (complete	boxes 9-15)	_ 3 -1		
9 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	ional pages if necess	sary)
10 Departure city	/ location	11 Departure date	12 Destination city / I	13 Arrival date	
14 Means of trans	portation		15 Purpose of travel		
4 Date	5 Payee name Shoal Creek				7 Amount (\$)
10/16/2006	6 Payee address: C 909 N. Lamar Blvd. Austin, TX 78701	ity; State; Zip Code			Reimbursement from political contributions intended
8 Purpose of exp (See instruction CPS Meeting	ns regarding type of information	required.)			
Payment fo	or travel outside Texas (complete	boxes 9-15)			
9 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	sary)
10 Departure city	f location	11 Departure date	12 Destination city / I	ocation	13 Arrival date
14 Means of trans	portation		15 Purpose of travel		

WADE	FROW PERSON	IAL FUNDS	,				
The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 25/	/33 Rep	ort: 35/43	
2 FILER NAME	Meurer, W. Jeanne (Hon.)			3 ACCOUNT # 00020526	(Ethics C	commission filers)	
4 Date	5 Payee name Shoal Creek		1		7	Amount (\$)	
10/26/2006	6 Payee address; C 909 N. Lamar Blvd. Austin, TX 78701	City: State; Zip Code			Reimbursement from political contributions intended		
Associate Ju	penditure ons regarding type of information udge docketing meeting or travel outside Texas (complete	e boxes 9-15)	was made (attach additi	ional pages if necess	sary)		
				·	·		
10 Departure city	/ location	11 Departure date	12 Destination city / le	ocation		13 Arrival date	
14 Means of trans	portation		15 Purpose of travel				
4 Date	5 Payee name Shoal Creek				7	Amount (\$)	
11/01/2006	6 Payee address: C 909 N. Lamar Blvd. Austin, TX 78701	City; State; Zip Code			X polit	\$13.20 mbursement from ical contributions nded	
Meeting 	ns regarding type of information						
	or travel outside Texas (complete		was made (attack additi				
9 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	sary)		
10 Departure city i	/ location	11 Departure date	12 Destination city / location			13 Arrival date	
14 Means of trans	portation	15 Purpose of travel					

MADE	MADE FROM PERSONAL FUNDS									
The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 26/	33 Rep	ort: 36/43				
2 FILER NAME	Meurer, W. Jeanne (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020526							
4 Date	5 Payee name Shoal Creek		,		7	Amount (\$)				
11/03/2006	6 Payee address; 0 909 N. Lamar Blvd. Austin, TX 78701	Oty; State; Zip Code	.,,		\$54.72 Reimbursement from political contributions intended					
8 Purpose of ext (See instruction Meeting with	ns regarding type of information	required.)								
Payment fo	or travel outside Texas (complete	e boxes 9-15)								
9 Name of perso	Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)									
10 Departure city	/ location	11 Departure date	date 12 Destination city / location 13 Arrival d							
14 Means of trans	portation	15 Purpose of travel								
4 Date	5 Payee name Shoal Creek				7	Amount (\$)				
11/06/2006	6 Payee address; C 909 N. Lamar Blvd. Austin, TX 78701	City; State; Zip Code			X poli	\$15.00 mbursement from tical contributions nded				
Meeting with	penditure ns regarding type of information Associate Judges or travel outside Texas (complete									
	n(s) traveling on whose behalf th		was made (attach addit	ional pages if necess	sary)					
10 Departure city	/ location	11 Departure date	12 Destination city /	ocation		13 Arrival date				
14 Means of trans	portation	15 Purpose of travel		<u> </u>						

MADE	FROM PERSON	IAL FUNDS					
The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 27/	33 Rep	oort: 37/43	
2 FILER NAME	Meurer, W. Jeanne (Hon.)			3 ACCOUNT # 00020526	(Ethics C	Commission filers)	
4 Date	5 Payee name Shoal Creek				7	Amount (\$)	
12/01/2006	6 Payee address: C 909 N. Lamar Blvd. Austin. TX 78701	ity; State; Zip Code			\$14.50 Reimbursement from political contributions intended)
	rpenditure ons regarding type of information a Associate Judge	required.)			ام		
☐ Payment fo	or travel outside Texas (complete	boxes 9-15)					
9 Name of perso	on(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	ary)		
10 Departure city	/ location	11 Departure date	12 Destination city / I	ocation		13 Arrival date	
14 Means of transportation 15 Purpose of travel							
4 Date	5 Payee name Target		<u> </u>		7 Amount (\$)		=
08/04/2006	6 Payee address: C 8601 Research Blvd Austin, TX 78759	City; State; Z'p Code			\$55.94 Reimbursement from political contributions intended		1
Office supplie	ons regarding type of information						
9 Name of perso	on(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	sary)		
10 Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date	
14 Means of trans	portation		15 Purpose of travel				
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Texas Ethics Cor	mmission P.O.Box 1207	0 Austin, Texas	78711-2070	(512)46	3-5800	1-800-325-8506	
POLITI MADE	CAL EXPENDIT	TURES NAL FUNDS			S	CHEDULE G	
The Instruction	ON GUIDE explains how to comp	plete this form.		1 PAGE # Schedule: 28	/33 Rep	oort: 38/43	
2 FILER NAME	Meurer, W. Jeanne (Hon.)			3 ACCOUNT# 00020526	(Ethics Commission filers)		
4 Date	5 Payee пате Target				7	Amount (\$)	
08/30/2006	6 Payee address; 6 8601 Research Blvd Austin, TX 78759	City; State; Zip Code			X poli	\$32.18 mbursement from tical contributions anded	
Office suppli	ons regarding type of information					• •	
	on(s) traveling on whose behalf the		was made (attach addit	ional pages if neces	sary)		
10 Departure city / location 11 Departure date 12 Destination city / location						13 Arrival date	
14 Means of transportation 15 Purpose of travel							
4 Date	5 Payee name Target			· · · · · · · · · · · · · · · · · · ·	7	Amount (\$)	
11/06/2006		City; State; Zip Code			\$85.63 Reimbursement from political contributions intended		
Office suppli	ens regarding type of information						
·····	on (s) traveling on whose behalf the		was made (attach addit	ional pages if neces	sary)		
·	•						
10 Departure city	/ location	11 Departure date	12 Destination city /	ocation		13 Arrival date	
14 Means of trans	sportation	15 Purpose of travel			<u>, </u>		
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MADE	- KOWITEKSON	IAL I ONDS					
The Instruction	อง Guipe explains how to comp	lete this form.	-	1 PAGE# Schedule: 29/	33 Rep	oort: 39/43	
2 FILER NAME	Meurer, W. Jeanne (Hon.)			3 ACCOUNT# 00020526	(Ethics (Commission filers)	
4 Date	5 Payee name Tavem				7	Amount (\$)	
07/13/2006		lity; State; Zip Code			log 💢	\$23.50 mbursement from tical contributions ended	
Meeting with	ns regarding type of information Judges	, je i				≱ i	
	or travel outside Texas (complete						
9 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addili	onal pages if necess	ary)		
10 Departure city / location 11 Departure date 12 Destination city / location						13 Arrival date	
14 Means of transportation 15 Purpose of travel							
4 Date	5 Payee name Tavern				7 Amount (\$)		
08/10/2006	l e e e e e e e e e e e e e e e e e e e	ity; State; Zip Code			\$44.45		
	922 W. 12th Street Austin, TX 78701				X poli	mbursement from tical contributions inded	
8 Purpose of exp (See instruction Meeting with	ns regarding type of information	required.}					
	or travel outside Texas (complete						
9 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	ional pages if necess	sary)		
10 Departure city :	/ location	11 Departure date	12 Destination city / I	ocation		13 Arrival date	
14 Means of trans	portation	15 Purpose of travel					

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The Instruct	ION GUIDE explains how to comp	olete this form.		1	PAGE # Schedule: 30/	/33 Rep	port: 40/43
2 FILER NAME	Meurer, W. Jeanne (Hon.)			3	ACCOUNT # 00020526	(Ethics	Commission filers)
4 Date	5 Payee name Timbers Restaurant		····································		· · · · · · · · · · · · · · · · · · ·	7	Amount (\$)
07/03/2006	23 Cuchura Rd. Cuchura, CO 81055	City: State; Zip Code				Reimbursement from [X] political contributions intended	
(See travel i	ons regarding type of information	_ 6 !					-
9 Name of person Meurer, W. J	on(s) traveling on whose behalf th Jeanne	e expenditure for travel	was made (attach addition	ona	l pages if necess	sary)	
10 Departure city Austin	/ location	11 Departure date 06/26/2006	12 Destination city / location Cuchura			13 Arrival date 06/26/2006	
14 Means of trans Vehicle	sportation		15 Purpose of travel Retreat Staff Din	inei	r Meeting	•	
4 Date	5 Payee name Timbers Restaurant		<u> </u>			7	Amount (\$)
07/07/2006	6 Payee address; C 23 Cuchara Rd. Cuchura, CO 81055	City; State; Zip Code				\$76.00 Reimbursement from political contributions intended	
8 Purpose of ex (See instruction (See travel in	ons regarding type of information	required.)		•			
	or travel outside Texas (complete	· ·	was made (attach additio	ona	l nages if necess	arv)	
Meurer, W. J			, , , , , , , , , , , , , , , , , , , ,			,	
10 Departure city Austin	/ location	11 Departure date 06/26/2006	12 Destination city / lo Cuchara	cat	ion		13 Arrival date 06/26/2006
	noitetnous		15 Purpose of travel Retreat Staff Din				

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The Instruction	v Guide explains how to comp	lete this form.		•	AGE # Schedule: 31	/33 Rep	oort: 41/43	
2 FILER NAME	Meurer, W. Jeanne (Hon.)				CCOUNT # 0020526	(Ethics (Commission filers)	
4 Date	5 Payee name Timbers Restaurant	. 13 4014		 .	· · · · · · · · · · · · · · · · · · ·	7	Amount (\$)	
09/25/2006		ity; State; Zip Code				\$73.00 Reimbursement from political contributions intended		
8 · Purpose of expenditure (See instructions regarding type of information required.) (See travel info) X Payment for travel outside Texas (complete boxes 9-15)								
9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) Meurer, W. Jeanne								
10 Departure city / Austin	location	11 Departure date 09/22/2006	12 Destination city / I Cuchara	locatio	n	·	13 Arrival date 09/22/2006	
14 Means of transp Vehicle	15 Purpose of travel Retreat Staff Di		Meeting					
4 Date	5 Payee name Timbers Restaurant		. 7			7	Amount (\$)	
10/15/2006	6 Payee address; C 23 Cuchura Rd. Cuchura, CO 81055	ity; State; Zip Code			•••••	X pol	\$124.93 mbursement from tical contributions inded	
(See travel inf	s regarding type of information i							
9 Name of person Meurer, W. Je	(s) traveling on whose behalf the anne	e expenditure for travel	was made (attach additi	tional p	ages if neces	sary)		
10 Departure city / Austin	location	11 Departure date 09/22/2006	12 Destination city / location Cuchara				13 Arrival date 09/22/2006	
14 Means of transp , Vehicle	crtation		15 Purpose of travel Retreat Staff Dinner					
		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	-		

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The Instruction Guide explains how to comp	plete this form.		1 PAGE# Schedule: 32/	/33 Rep	ort: 42/43	
2 FILER NAME Meurer, W. Jeanne (Hon.)			3 ACCOUNT # 00020526	(Ethics C	commission filers)	
4 Date 5 Payee name University of North Text	as	,		7 Amount (\$)		
07/25/2006 6 Payee address: 0 P. O. Box 311277 Denton, TX 76203	City: State; Zip Code			X polit	\$62.50 Inbursement from ical contributions inded	
8 Purpose of expenditure (See instructions regarding type of information Donation	required.)					
Payment for travel outside Texas (complete	e boxes 9-15)			····-		
9 Name of person(s) traveling on whose behalf the	he expenditure for travel	was made (attach additi	onal pages if necess	sary)		
10 Departure city / location	rture city / location 11 Departure date 12 Destination city / location					
14 Means of transportation	ł	15 Purpose of travel				
4 Date 5 Payee name Visa Card U.S.A.			· · · · · · · · · · · · · · · · · · ·	7	Amount (\$)	
	City; State; Zip Code				\$375.00	
P. O. Box 194607 San Francisco, CA 941	128			X polit	nbursement from ical contributions nded	
Purpose of expenditure (See instructions regarding type of information Staff Christmas Gifts Payment for travel outside Texas (complete)						
9 Name of person(s) traveling on whose behalf th		was made (attach addit	onal pages if necess	sary)		
10 Departure city / location	11 Departure date	12 Destination city / location			13 Arrival date	
14 Means of transportation	15 Purpose of travel					

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MADE FROM PERSONAL FUNDS								
The Instruction Guide explains how to complete this form.					1 PAGE # Schedule: 33/33 Report: 43/43			
2	FILER NAME	Meurer, W. Jeanne (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020526				
4	Date	5 Payee name Wiggys				7	Amount (\$)	
	11/02/2006 6 Payee address; City: State: Zip Code 1104 N. Lamar Austin, TX 78703					Reimbursement from political contributions intended		
8	(See instructions regarding type of information required.) Staff Retirement gift							
9	Payment for travel outside Texas (complete boxes 9-15) 9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
10	Departure city	/ location	11 Departure date	12 Destination city / I	ocation		13 Arrival date	
14	Means of trans	portation	I	15 Purpose of travel		•		